

TELEPHONE (312) 258-5500

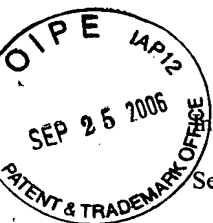
SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606



re application of:

Richard P. McLaughlin

CONFIRMATION NO.: 2222

Serial No.:

09/995,456

GROUP ART UNIT: 3626

Filed:

November 27, 2001

EXAMINER: D. Cobanoglu

For:

METHOD FOR THE ENHANCEMENT OF ORTHODONTIC TREATMENTS

RESPONSE TO JUNE 22, 2006 OFFICE ACTION

MAIL STOP Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 44	MINUS	** 44	X 1	() X 25.00 () X 50.00	\$0.00
INDEP. CLAIMS	* 4	MINUS	4	X 1	() X 100.00 (X) X 200.00	\$0.00
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$150.00 () \$300.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated for _____ month so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 26 0175. A duplicate copy of this sheet is enclosed.
 - ☐ A check in the amount of \$ _____ is attached.
 - ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached
 - ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
 - ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 50 1519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN LLP (Customer Number: 32692)

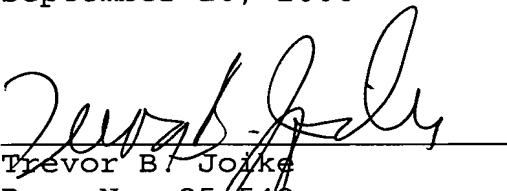
BY Trevor B. Joike (25,542)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 20, 2006.

Trevor B. Joike
NAME OF APPLICANT'S ATTORNEY
Trevor B. Joike
SIGNATURE
September 20, 2006
DATE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants: R. P. McLaughlin)	I hereby certify that this
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)	with the United States
Serial No.: 09/995,456)	Postal Service as first
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For: METHOD FOR THE)	in an envelope addressed to:
ENHANCEMENT OF)	Commissioner for Patents,
ORTHODONTIC TREATMENTS)	P.O. Box 1450, Alexandria,
)	VA 22313-1450 on this date:
Filed: November 27, 2001)	
)	September 20, 2006
Group Art Unit: 3626)	
)	
Examiner: D. Cobanoglu)	
)	Trevor B. Jorke
CONFIRMATION NO.: 2222)	Reg. No. 25/542
)	Attorney for Applicants

RESPONSE TO JUNE 22, 2006 OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTION

Claims 1-44 remain in the application. Claims
1-44 are rejected.